

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 010 ***150.00

DOCUMENT # P06000082894 1. Entity Name G S & L TRUCKING INC					
Principal Place of Business 16834 SUNRISE VISTA DRIVE CLERMONT, FL 34714 US			Mailing Address 16834 SUNRISE VISTA DRIVE CLERMONT, FL 34714 US		
2. Principal Place of Business - No P.O. Box # 101 SEMINOLE RIDGE LANE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 101 SEMINOLE RIDGE LANE <small>Suite, Apt. #, etc.</small>			
City & State DAVENPORT FL		City & State DAVENPORT FL		4. FEI Number 20-5082699	
Zip 33897		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, GANGARAM 16834 SUNRISE VISTA DRIVE CLERMONT, FL 34714			7. Name and Address of New Registered Agent Name GANGARAM SINGH Street Address (P.O. Box Number is Not Acceptable) 101 SEMINOLE RIDGE LANE City DAVENPORT FL Zip Code 33897		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Gangaram Singh</i> GANGARAM SINGH 3/22/07 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SINGH, GANGARAM 16834 SUNRISE VISTA DRIVE CLERMONT, FL 34714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 SEMINOLE RIDGE LANE DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T SINGH, LACHMINIA 16834 SUNRISE VISTA DRIVE CLERMONT, FL 34714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 SEMINOLE RIDGE LANE DAVENPORT FL. 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gangaram Singh</i> GANGARAM SINGH 3/22/07 (863) 419-4517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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